

APPLICATION DATA SHEET

Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	N/A
Suggested Group Art Unit::	N/A
CD-ROM or CD-R?	None
Title::	VENTILATOR FOR SUPPLYING BREATHABLE GAS TO A PATIENT, AND A NOISE REDUCTION METHOD FOR SAID VENTILATOR
Request for Early Publication?::	NO
Request for Non-Publication?::	NO
Suggested Drawing Figure::	1
Total Drawing Sheets::	5
Small Entity::	NO
Petition included?::	No
Secrecy Order in Parent Appl.?::	No
Attorney Docket No.::	VSI/B16849

Applicant Information

Applicant Authority type::	Inventor
Primary Citizenship Country::	Sweden
Status::	Full Capacity
Given Name::	Hans
Family Name::	Lindell
City of Residence::	Säve
State of Province of Residence::	N/A
Country of Residence::	SWEDEN
Street of mailing address::	Brunnstorpsshage 43

City of mailing address:: Säve
State or Province of mailing address:: N/A
Postal or Zip Code of mailing address:: S-423 70

Applicant Authority type:: Inventor
Primary Citizenship Country:: Sweden
Status:: Full Capacity
Given Name:: Lars
Family Name:: Ljungberg
City of Residence:: Floda
State of Province of Residence:: N/A
Country of Residence:: Sweden
Street of mailing address:: Hästskovägen 18
City of mailing address:: Floda
State or Province of mailing address:: N/A
Postal or Zip Code of mailing address:: S-448 34

Applicant Authority type:: Inventor
Primary Citizenship Country:: Sweden
Status:: Full Capacity
Given Name:: Staffan
Family Name:: Bengtsson
City of Residence:: Göteborg
State of Province of Residence:: N/A
Country of Residence:: Sweden
Street of mailing address:: Spelmansgatan 4
City of mailing address:: Göteborg
State or Province of mailing address:: N/A
Postal or Zip Code of mailing address:: S-416 52

Applicant Authority type:: Inventor
Primary Citizenship Country:: Sweden

Status:: Full Capacity
Given Name:: Johan
Family Name:: Elgedin
City of Residence:: Vrigstad
State or Province of Residence:: N/A
Country of Residence:: Sweden
Street of mailing address:: Häggvägen 19
City of mailing address:: Vrigstad
State or Province of mailing address:: N/A
Postal or Zip Code of mailing address:: S-570 03

Correspondence Information

Correspondence Customer Number:	54698
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Representative Information

Representative Customer Number:	54698
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Foreign Priority Information

Application::	Country::	Parent Application::	Parent Filing Date::
This Application	U.S. Submission under 35 U.S.C. 371	PCT/SE2005/000494	April 5, 2005
PCT/SE2005/000494	PCT claiming benefit of	0400892-6 Sweden	April 5, 2004
PCT/SE2005/000494	PCT claiming benefit of	60/573,231 U.S.	May 21, 2004

Assignee Information

Assignee name:: Breas Medical AB
Street of mailing address:: Företagsvägen 1
City of mailing address:: Mölnlycke
State or Province of mailing address:: N/A
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